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Draft country programme document**

Algeria

Summary

The draft country programme document for Algeria is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $5,410,000 from regular resources, subject to the availability of funds, and $2,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[a] *(2004, unless otherwise stated)*	
Child population (millions, under 18 years)	12.1
U5MR (per 1,000 live births)	40
Underweight (% moderate and severe)	10
Maternal mortality ratio (per 100,000 live births) (1999)	120
Primary school attendance (% net, male/female) (2000)	94/93
Primary schoolchildren reaching grade 5 (%)	97
Use of improved drinking water sources (%) (2002)	87
Adult HIV prevalence rate (%, end 2003)	0.1
Child work (%, children 5-14 years old)	
GNI per capita (US$)	2 280
One-year-olds immunized against DPT3 (%)	86
One-year-olds immunized against measles (%)	81

[a] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Algeria is a country in transition which has achieved a human development index in the medium range. In 2005, the population of Algeria was 32.6 million, with more than 12 million children under 18 years of age. The gross national income per capita is estimated at US$ 2,280. The incidence of general poverty dropped from 12 per cent in 2000 to 8 per cent in 2003. Unemployment and low income levels among certain population groups, particularly in the rural and peri-urban areas, are the immediate causes of poverty. Political stabilization, revitalized economic growth and improved security have had a positive effect on job creation and, as a result, unemployment fell from 27 per cent in 2001 to 15 per cent in 2005.

2. Despite a significantly improved economy, advances during the last few decades and marked achievements in the social sphere, residual problems continue to hinder the access of certain vulnerable groups, particularly women and children, to optimal health care, quality education and protection against all types of danger.

3. Neonatal mortality accounts for 73 per cent of infant deaths, bringing the infant mortality rate (IMR) for 2004 to 30.4 deaths per 1,000 live births. There were 20,000 neonatal deaths in 2004, 80 per cent of which occurred within 24 hours of birth as a result of infections, trauma during delivery or low birth weight. The IMR is higher in rural areas and among boys.

4. The downward trend in the IMR between 2000 and 2004 indicates that the goal of reducing the rate by two thirds may be achieved (17.8 per 1,000 live births). The predicted trend in under-five mortality rates (U5MR) is 27.7 per 1,000 live births, the target rate being 16.2. Data from the Ministry of Health indicates that 81 per cent of children were immunized against measles in 2004. Coverage could reach at least 98 per cent by 2015.

5. According to the Algerian Family Health Survey (EASF), 20 per cent of Algerian children under five are below normal height. The percentage is higher in rural areas (20 per cent) than in urban areas (18 per cent) and is higher among boys. Children in urban areas are breastfed for an average of 13.1 months, while those in rural areas are breastfed for an average of 12.7 months. The combined average is 12.8 months.

6. According to estimates provided by the Ministry of Health, the maternal mortality rate (MMR) dropped to 99.5 per 100,000 live births in 2004. The EASF indicates that 92 per cent of births are assisted. Ten per cent of female deaths between the ages of 15 and 49 are maternal deaths. The rates vary significantly, ranging from 23 per 100,000 in the *wilaya* (province) of Annaba to 230 per 100,000 in the southern *wilaya* of Adrar. It is still possible that the 2015 target for the reduction of maternal mortality may be achieved.

7. The HIV seroprevalence rate among adults is 0.1 per cent, and indicators show that the HIV epidemic is on the increase. Sentinel seroprevalence surveys indicate that nearly 4 per cent of the sex workers examined in 2004 tested seropositive for HIV. Rates vary according to the region; in 2004, the seroprevalence rate in Tamanrasset in the southernmost part of the country was estimated at 9 per cent, while the rate in Oran in the north was 1.7 per cent. A survey on drug users conducted in the northern *wilayas* indicates that 11 per cent of those surveyed in Algiers are infected with HIV. The prevalence of HIV among blood donors was 0.01 per cent in 2004. During the past 10 years, the average prevalence of HIV among women visiting prenatal clinics has also remained relatively low. The *wilaya* of Tamanrasset has the highest seropositive rate for pregnant women (0.9 per cent in 2000 and 0.7 per cent in 2004).

8. As regards universal access to primary school education, 96 per cent of six-year-old children attend school, 91 per cent of girls. Ninety-one per cent of children aged 6-15 are enrolled in school, and 37 per cent of children aged 15-18 attend secondary high school. The low enrolment rate at the end of the basic education cycle and poor scholastic achievement are due to an inadequate evaluation system, deficient teaching methods, the lack of a system for identifying children who are failing and little parental involvement in monitoring the learning process. Preschool enrolment rates remain low: only 0.5 to 3.8 per cent of children between the ages of 3 and 5 attend preschool.

9. A 2004 study on school violence conducted by the Ministry of Education in collaboration with UNICEF reveals that violence remains a part of children's daily lives. Corporal punishment is still used. Children and adolescents who are victims and perpetrators of violence have learning difficulties and often drop out. Studies show that adolescents are confused about their future and feel threatened by social scourges, particularly violence, drug addiction and, more recently, sexually transmitted diseases, especially HIV/AIDS. The violence takes many forms and is perpetrated by both adults and adolescents. Some of the violence and maladjustment is due to a lack of communication between children and the persons in their environment. Domestic and marital abuse account for two thirds of the instances of violence recorded.

10. A 2004 study on child labour conducted by the National Labour Institute in collaboration with the International Labour Organization revealed that 26 per cent of the children interviewed were working. In general, the children are employed by

their parents, with a higher percentage in rural areas. The study did not report any inhuman, degrading or extreme forms of child exploitation.

11. The second periodic report covering the period 1995-2000 was submitted to the Committee on the Rights of the Child in September 2005. The Committee recognized the progress achieved in the situation of children and the measures taken by the Government of Algeria, particularly with respect to the adoption of laws on the protection of the rights of the child. The Committee recommended that the Government should implement the Committee's observations and reconsider its reservations and declarations. It encouraged the authorities to enact legislation on a child protection code and to prepare a national action plan to implement the commitments undertaken at the special session of the General Assembly on children, at the local and regional levels.

Key results achieved and lessons learned from previous cooperation, 2002-2006

Key results achieved

12. The midterm review in 2004 and the successive annual reviews made it possible to assess the results achieved. The majority of the health goals in the 2002-2006 cooperation programme were attained. Immunization coverage of children under 5 reached record levels. The campaign to eradicate polio was maintained, and mass immunization against viral hepatitis was introduced. The capacities of the medical and paramedical staff working in the perinatal programme was strengthened. Information on high-risk pregnancy was made more available to women. Data on maternal and child health was provided by the Pan Arab Project for Family Health. The functions of the maternal and child health programme, and the neonatal programme in particular, were redefined.

13. More was learned about the preschool education situation, and a strategy to make preschool education available to all five-year-old children by 2008 was developed. The national capacities of staff involved in education were strengthened with respect to planning, evaluation and violence prevention. Concerted efforts were made to improve preschool facilities in 40 schools damaged by the earthquake in Boumerdès. National literacy campaigns were enhanced through the development of teaching and training material.

14. A study of 12,000 schoolchildren in 10 *wilayas* affected by terrorism provided data on the incidence of violence due to post-traumatic emotional disorders. More than 30,000 traumatized children from the 10 *wilayas* were treated by trained professionals. The capacities of legal protection professionals were strengthened. UNICEF contributed through advocacy and the provision of technical support to the development of a strategy for the rehabilitation and reintegration of street children.

15. The Convention on the Rights of the Child was disseminated to the public and civil society. Support was provided for the establishment of a network of associations working for children's rights. A cooperation agreement was signed with the national radio station. The international "Unite for Children, Unite against AIDS" campaign was launched and will continue to 2011. The National Committee against HIV/AIDS established a subcommittee on children. A *DevInfo* database was set up and integrated by the Government. Data on the Millennium Declaration, the Millennium Development Goals and the goals of the special session of the General

Assembly on children were made available. The capacities of national programme managers were strengthened in the area of results-based management.

16. The programme provided technical and material support as part of an emergency plan for the Bab-el-Oued flood victims (2002) and the Boumerdès earthquake victims (2003). An evaluation report on the *wilaya* of Boumerdès prepared by the UNICEF Regional Office shows the quality of the intervention. The programme met the needs of refugee children and women in the Tindouf camps with respect to health care, nutrition, education and literacy.

Lessons learned

17. The disparity reduction strategy was not based on identification of the most affected regions. The programmes were not adequately supported by outreach. The data generated by research studies were not sufficiently utilized. Inadequate monitoring and evaluation made it difficult to measure the progress achieved. Partnerships with civil society focused on supporting the capacities of non-governmental organizations rather than on achieving the programme objectives. Technical assistance was inadequate to meet the programme targets or the requirements of the Government with respect to strengthening the reforms initiated in these fields. Lastly, the strengthening of national capacities was incorporated into all the programmes without prior assessment of the needs of candidates for training. Joint programming within the United Nations system has contributed to a more accurate identification of the points of convergence and potential areas of cooperation among the agencies.

Country programme, 2007-2011

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Young child survival and development	1 220	750	1 970
Quality of education	1 220	750	1 970
Child and adolescent protection	1 220	1 000	2 220
Advocacy and partnership for the rights of children and adolescents	750	—	750
Cross-sectoral costs	1 000	—	1 000
Total	**5 410**	**2 500**	**7 910**

Preparation process

18. The country programme was prepared jointly with the national partners with the coordination of the Ministry of Foreign Affairs. It takes into account national priorities, the recommendations of the midterm and annual reviews, studies and research, the priorities of the UNICEF medium-term strategic plan for 2006-2009, the recommendations of the Committee on the Rights of the Child in 2005 and, more recently, the Common Country Assessment and the United Nations Development Assistance Framework (UNDAF), which defined four areas of

cooperation: (a) human development; (b) governance; (c) the environment; and (d) gender equality.

Goals, key results and strategies

19. The strategic result of the country programme of cooperation is defined as follows: by 2011, children and women will be able to enjoy their right to equal access to health-care services, education, protection and more sustained participation, by young people in particular, in their own development. This result is in line with the intended outcome of the UNDAF matrix for human development. The intermediate strategic results for 2006 to 2011 have therefore been defined as follows: (a) U5MR and the MMR will be reduced by 25 per cent; (b) children attending preschool will receive quality education and all children aged 6-15 will attend school and receive quality education; (c) children will enjoy their right to a safe environment and this right will be safeguarded by appropriate legislation and institutions that provide quality care and foster families trained to prevent and handle dangerous situations; (d) children and adolescents will enjoy their rights and will benefit from innovative policies.

20. Based on lessons learned from the previous programme, the provision of equipment will be reduced and will be provided primarily in priority target regions such as the south, the highlands and the Saharawi refugee camps. Capacity-building will continue to be a priority and will benefit from improved management in planning, implementation and evaluation. The disparity reduction strategy will be aimed at meeting the needs of priority regions. Social communication will serve as a support strategy for the programmes. Monitoring and evaluation will be improved so that achieved progress can be measured effectively. The partnership role of civil society will be strengthened with respect to the programme goals. The programme will promote the transfer of knowledge and high-level expertise.

Relationship to national priorities and UNDAF

21. The country programme of cooperation is guided by the national priorities and supports the Government in its efforts to reform justice, education, health and social welfare, in accordance with the UNDAF guidelines and development priorities. It will support the action taken by national institutions to prevent HIV/AIDS by enhancing public awareness and preventing mother-to-child transmission of HIV. The programme provides for the engagement of civil society as a partner in the management of programmes to protect women and children. Lastly, UNICEF will contribute to the development of a national plan of action to implement the recommendations of the special session of the General Assembly on children.

Relationship to international priorities

22. The Government has adopted the United Nations Millennium Declaration and is committed to achieving the Millennium Development Goals. The programme of cooperation aims to help the country reduce the mortality rate of children under five and maternal mortality, achieve universal access to quality education, prevent HIV/AIDS, ensure environmental sustainability and establish partnerships for development. The programme will integrate a gender perspective to ensure equality and equity. It is based on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, the

outcome document of the special session of the General Assembly on children entitled "A world fit for children", the Beijing + 10 resolutions, the international resolutions on the fight against HIV/AIDS, and the guidelines and plans of the New Partnership for Africa's Development.

Programme components

23. **Young child survival and development.** The strategic result for 2011 is to reduce U5MR and MMR by 25 per cent. The programme will focus on reducing neonatal mortality rates and early neonatality rates in particular. The programme aims at two intended outcomes.

24. The first intended outcome concerns central government policies and strategic guidelines as well as programme capacities in the areas of management, monitoring and evaluation. It will support health-care facilities in priority target regions, particularly in the highlands and the south, with a view to providing quality maternal and child health care. This support will focus on: (a) the implementation of recommendations on the restructuring of the perinatal programme; (b) building the capacity of health-care personnel to provide maternal and child care during the prenatal period and during and after delivery; (c) strengthening continuous information system for monitoring pregnancy and maternal mortality; and (d) ensuring the sustainability and consolidation of achievements in the area of immunization, the prevention of dehydration, the treatment of severe respiratory infections and the prevention of the spread of the H5N1 virus (avian flu).

25. The second intended outcome is to provide parents, particularly mothers, with the knowledge they need to prevent dangerous situations which could affect the health and development of young children, pregnant women and mothers through: (a) the development of social communication strategies that support maternal health-care programmes (the promotion of prenatal and post-natal counselling, assisted childbirth, tetanus immunization and the prevention of the transmission of infections between mother and child and sexually transmitted diseases); (b) the development of a programme to educate parents about the integrated development of young children, taking into account both their physical health and psychosocial development (psychomotor, sensory motor, psychological, emotional and cognitive development).

26. **Quality education.** The strategic result anticipated is that by 2011 preschool children will receive quality education and that all children aged 6-15 will attend school and receive quality education. The programme includes two intended outcomes. The first is that preschool programmes will be developed based on high-quality norms and standards and teachers will be trained to provide stimulating education that enables the preschool child to learn and flourish. The result will be attained through:

(a) Quality technical assistance designed to help both central government and regional administrators develop strategic guidelines that meet the needs of young children;

(b) The development of education programmes;

(c) Capacity-building of educators and inspectors, with a view to providing quality education;

(d) The development of action research;

(e) The exchange of experiences through the organization of study trips in order to benefit from the lessons learned by other programmes.

27. The second intended outcome is that education personnel (principals, inspectors and teachers) will master modern teaching approaches and methods. This will be accomplished through: (a) technical assistance including high-level expertise in experimenting with new approaches to teaching and developing action research to assess the effectiveness of these approaches; (b) the training of teachers, inspectors and principals in implementing the new teaching approaches called for by the educational reforms and developing and managing "school projects"; (c) the strengthening and expansion of the "child-friendly schools" initiative by providing a selected number of schools with computer and recreational equipment, helping to train mediators to prevent and reduce violence in schools and raising the students' awareness of the environment and healthy behaviours (child rights, prevention of smoking, drug addiction and HIV/AIDS).

28. **Child protection.** The strategic result is that by 2011 children will benefit from their right to a safe environment through adequate national legislation and institutions that provide quality services. The programme has three intended outcomes.

29. The first intended outcome is that the protection system will be strengthened by: (a) bringing national laws into line with international laws; and (b) adopting new laws for children and promoting them among professionals and the public.

30. The second intended outcome is that social and legal protection programmes and institutions will be improved by: (a) building the capacities of professionals in the fields of legislation, child psychology, the treatment of children and communication with children; and (b) exchanging experiences with other countries regarding social and legal protection.

31. The third intended outcome is that knowledge of the situation of children with special needs will be enhanced through analyses, studies and research and to establish a permanent database. To the extent possible, the programme will meet the specific and urgent needs of refugee children in Algeria.

32. **Advocacy and partnership for child and adolescent rights.** The strategic result is that by 2011 children and adolescents will enjoy their rights and benefit from the outcomes of innovative "child-friendly" policies. The programme has three intended outcomes.

33. The first intended outcome is that by 2011 duty bearers will recognize and undertake to realize the rights of children and adolescents, while promoting their participation in the process. This outcome will be achieved through: (a) the analysis of the expectations and perceptions of adolescents regarding the ability of duty bearers to realize their rights; (b) support for the establishment of forums and structures that facilitate the participation of adolescents in the development and performance of civic activities; (c) the encouragement of adolescent participation in decision-making on policies and programmes which concern them; and (d) support for adolescent participation in the development of media programmes.

34. The second intended outcome is that innovative social policies which place children at the centre of national agendas will be developed through ongoing

advocacy with the national authorities to: (a) develop a national plan of action (2007-2011) to meet the commitments undertaken at the special session of the General Assembly on children; (b) implement and disseminate the observations of the Committee on the Rights of the Child; and (c) ratify the Optional Protocols to the Convention on the Rights of the Child.

35. The third intended outcome is that an information and monitoring system for child rights will be put in place through: (a) the establishment of mechanisms for data collection, study, research, documentation, information and training in the field of child rights; (b) the establishment of a high council for children, which will develop an integrated approach to child issues, consult on policies, programmes and laws and encourage the participation of civil society and other partners in national consultations; (c) the publication of a report on the situation of children to be presented annually to the Council of Ministers; and (d) the consolidation of *DevInfo* as a database and monitoring tool for the situation of children.

36. **Cross-sectoral costs.** The cross-sectoral costs will cover the management and support of the overall country programme, particularly with respect to programme planning and coordination. Operating costs such as staff and operating expenses related to supply, logistics, administration and finance will be included in this category.

Major partnerships

37. The Ministry of Foreign Affairs will be responsible for coordinating the country programme. United Nations agencies such as the United Nations Population Fund, the United Nations Development Programme and the United Nations Development Fund for Women will collaborate on a number of the projects. National organizations have agreed to support some local projects in the south and the highlands. The Swedish International Development Cooperation Agency will support the programmes for children and adolescents. Other donors and a number of UNICEF national committees will finance part of the cooperation programme. Civil society will play a major role in the achievement and promotion of the programme goals. Algerian National Radio, which has signed a cooperation agreement with UNICEF to promote the rights of the child and the prevention of HIV/AIDS, will play an important role in publicizing the programme.

Monitoring, evaluation and programme management

38. The UNDAF Integrated Monitoring and Evaluation Plan will be used to coordinate monitoring and evaluation activities on the basis of the selected indicators, particularly with regard to the Millennium Development Goals. The third Multiple Indicator Cluster Survey (MICS) will supply disaggregated basic data. Each programme will include a specific monitoring and evaluation plan to measure the results achieved. The basic data and other information systems will help to enhance advocacy. *DevInfo* will be strengthened as a tool to monitor the achievement of the Millennium Development Goals. A midterm review of UNDAF and the programme of cooperation will be organized in 2009.